

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number MAU 000015300		2. Page 1 of		3. Emergency Response Phone 1-800-899-1038		4. Manifest Tracking Number 002198254 GBF			
		5. Generator's Name and Mailing Address CYN OIL CORPORATION 61 Newmill Road Stoughton, MA 02072 Generator's Phone: 978 341-5108		Generator's Site Address (if different than mailing address)							
6. Transporter 1 Company Name CYN OIL CORPORATION		U.S. EPA ID Number MAD082303777									
7. Transporter 2 Company Name		U.S. EPA ID Number									
8. Designated Facility Name and Site Address CYN OIL CORPORATION, 1771 WASHINGTON STREET, STOUGHTON, MA 02072		U.S. EPA ID Number MAD082303777									
Facility's Phone: 781-341-5108											
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
	1.	STATE REGULATED OIL WASTE			001 TT		300	G	MA98		
	2.										
	3.										
	4.										
14. Special Handling Instructions and Additional Information 24 HOUR EMERGENCY SPILL RESPONSE 800-899-1038 D.O.T. EMERGENCY GUIDE #128 PASSED DEXSIL											
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.											
Generator's/Offeror's Printed/Typed Name D.A. TILLY					Signature 			Month Day Year 5 17 14			
TRANSPORTER INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____										
	17. Transporter Acknowledgment of Receipt of Materials										
TRANSPORTER	Transporter 1 Printed/Typed Name CYN OIL				Signature 			Month Day Year 6 17 14			
	Transporter 2 Printed/Typed Name				Signature			Month Day Year			
DESIGNATED FACILITY	18. Discrepancy										
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection										
	Manifest Reference Number:										
	18b. Alternate Facility (or Generator)						U.S. EPA ID Number				
	Facility's Phone:										
18c. Signature of Alternate Facility (or Generator)								Month Day Year			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											
1.		2.		3.		4.					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a											
Printed/Typed Name					Signature			Month Day Year			

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number		2. Page 1 of		3. Emergency Response Phone 1-800-899-1038		4. Waste Tracking Number NHM 008379		
5. Generator's Name and Mailing Address										
Generator's Site Address (if different than mailing address)										
Generator's Phone:										
6. Transporter 1 Company Name Cyn Oil Corporation								U.S. EPA ID Number MA D 0 8 2 3 0 3 7 7 7		
7. Transporter 2 Company Name								U.S. EPA ID Number		
8. Designated Facility Name and Site Address Cyn Oil Corporation 1771 Washington Street Stoughton, MA 02072								U.S. EPA ID Number		
Facility's Phone: 781-341-5108								MA D 0 8 2 3 0 3 7 7 7		
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
						No.	Type			
	1.	Non-RCRA, Non-DOT Regulated Material				0 0 1	T T			
	2.									
	3.									
	4.									
13. Special Handling Instructions and Additional Information Waste Ethylene Glycol-Based Antifreeze for Recycling										
14. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.										
Generator's/Officer's Printed/Typed Name					Signature			Month	Day	
TRANSPORTER	15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____									
	Transporter signature (for exports only): _____ Date leaving U.S.: _____									
	16. Transporter Acknowledgment of Receipt of Materials									
	Transporter 1 Printed/Typed Name Kecia Cain					Signature			Month	Day
	Transporter 2 Printed/Typed Name					Signature			Month	Day
DESIGNATED FACILITY	17. Discrepancy									
	17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
	Manifest Reference Number: _____									
	17b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____									
	Facility's Phone: _____									
	17c. Signature of Alternate Facility (or Generator)							Month	Day	
	18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a									
Printed/Typed Name					Signature			Month	Day	